

U.S. Postal Service™  
CERTIFIED MAIL™ RECEIPT  
(Domestic Mail Only; No Insurance Coverage Provided)

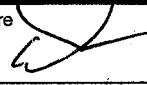
For delivery information visit our website at [www.usps.com](http://www.usps.com)

<b>OFFICIAL USE</b>	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark  
Here

Sent To  
 Street, Apt. No.  
 or PO Box No. **One St. Andrews Plaza**  
 City, State, Zip+4 **New York, NY 10007**

PS Form 3800, June 2002      See Reverse for Instructions

<b>SENDER: COMPLETE THIS SECTION</b>	
<ul style="list-style-type: none"> <li><input type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li><input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.</li> <li><input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front, if space permits.</li> </ul>	
1. Article Addressed to: <b>Civil Process Clerk United States Attorneys Office Southern District of NY One St. Andrews Plaza New York, NY 10007</b>	
<b>COMPLETE THIS SECTION ON DELIVERY</b>	
A. Signature  <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
B. Received by (Printed Name) <b>✓ Civil Process Clerk</b> C. Date of Delivery	
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label) <b>7005 1820 0007 2550 2947</b>	

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540